

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0186  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>5977</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PATRICK M GALLAGHER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4565 SOUTH HILLS DR.</u> City <u>CLEVELAND</u> State <u>OH</u> ZIP Code + 4 <u>44109</u>	4. Name, file number, and address of labor organization. Name <u>BOILERMAKERS LOCAL #744</u> Labor Organization File Number <u>031-837</u> P.O. Box, Building and Room Number, if any _____ Street <u>1435 EAST 13<sup>th</sup> STREET</u> City <u>CLEVELAND</u> State <u>OH</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>BUSINESS MANAGER / SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

*Patrick M. Gallagher*

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Patrick M. Gallagher*

On

8-11-2004

Date

216-398-7314

Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U - <u>3919</u>	2. Fiscal Year Covered From: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Through: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
3. Name and address of person filing. Name <u>Patrick M Gallagher</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>EMCORE/HAYES MECHANICAL</u> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>2160 NORTH ASHLAND</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60614</u>	7.a. Nature of Interest, Transaction, or Income. <u>GOLF OUTING FOR TRI-PARTITE LABOR MGMT.</u> <u>120 PARTICIPANTS - OWNERS, CONTRACTORS,</u> <u>LABOR FOR UTILITY INDUSTRIES.</u> <u>OCT 2004</u> 7.b. Amount. \$ <u>90.00</u>

Signature

Patrick M. Gallagher

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick M. Gallagher

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